

The undersigned has read the foregoing and knows the contents thereof to be true.

Lobbyist Signature

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-3665
Toll Free 800-352-0867 Ext 83665
Fax 701-328-1690

Fax 701-328-1690 Web Site: www.nd.gov/sos

Date

			WOD Onc.	www.iia.	901/303
Name of Lobbyist (Last, First)				Business Telephone #	
Business Address		City	5	State	Zip Code
INSTRUCTIONS:		•	•		
 North Dakota la following the ex lobbyist registra Every registered As stated in Nor any single occa governor, in carperiod. The report must Submit the report must the due date an after October 2. EMAIL FILING: Do must be scanned a FAX FILING: A do not expedite the proposition of the property of the pro	ee North Dakota Century Code, chapter 54-0 aw requires each registered lobbyist to file piration of the lobbyist registration period. Fition period from July 1, 2005 through June 30 dilebbyist must file this report even if he or shorth Dakota law. The report must include a statistion on any individual, including the spouse rrying out the lobbyist's work or include a state is be signed and dated by the lobbyist. It to the address listed in the upper right corning fee, if this report is filed after June 30, 2006 do nor before October 2, 2006, a late filing fee In addition, any existing registration is revoke becaments may be emailed to the Secretary of and the images transmitted via email.	an expenditure report with the For 2006, the report is due on 0, 2006. The does not have any expenditure at the end of th	or before Augres to report. e, if any, of sign member of expenditures with the control of the co	exty dollars the legis were mad , 2006. In 0 is assessecution. smit by er	s or more expended on lative assembly or the de during the reporting of the report is filed after used on any report filed mail, the documents
DATE OF	and 6. If the answer is no, only instruction NATURE OF EXPENDITURE	s 5 and 6 need to be comple	ted.		AMOUNT OF
EXPENDITURE	AND ON WHOSE BEHALF EXPENDED	NAME OF THE RECIPIENT (OF THE EXPEN	NDITURE	EXPENDITURE
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